

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19		1				
20		4				
21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	28					
Total Claims	30					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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57						
58						
59						
60						
61						
62						
63						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						